

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


APPROVED  
AND  
FILED

04 OCT 27 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



JK

DOCUMENT # 727923 1. Entity Name MCCABE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 2800 26TH AVENUE SOUTH ST. PETERSBURG, FL 33712 US			Mailing Address 2800 26TH AVE., SOUTH ST. PETERSBURG, FL 33712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 05-4271567				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, LEROY 2800 26TH AVENUE SOUTH ST. PETERSBURG, FL 33712			Name <u>Russell Allen</u> Street Address (P.O. Box Number is Not Acceptable) <u>3856 Neptune Dr SE</u> City <u>St. Petersburg</u> , FL Zip Code <u>33705</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Russell Allen</u>			DATE <u>OCTOBER 23, 2004</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, LEROY 2425 GROVE STREET SOUTH ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, RUSSELL 3856 NEPTUNE DR S.E. ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JONES, MICHAEL 673 56TH AVENUE NORTH ST PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, LEROY 2425 GROVE ST. SO. ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROBERSON, JACQUELYN Z 2510 CATALONIA WAY S SAINT PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUDSON, ANDREA 1938 ALMERIA WAY S ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAMS, ANGILIQUE 1655 66TH AVENUE SOUTH ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARKES, REGINA 3801 WHITING DR. SE ST. PETERSBURG, FL 33705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/T HAYNES, WATSON 6709 - 29TH SOUTH ST. PETERSBURG, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500042241975 10/27/04--01040--001 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/M SMITH, JR, DR. ARNETT 4900 HYACINTH WAY ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption noted in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Russell Allen</u>			Date <u>10/23/04</u> Daytime Phone # <u>480-9178</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		